California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814-6237
Phone (916) 445-5014
Fax (916) 327-6308
Website - www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GRAY DAVIS, GOVERNOR

HOSPITAL PHARMACY PERMIT APPLICATION

Inpatient, Outpatient, Exempt (100 beds or fewer)

Please type or print **All blanks must be completed; if not applicable enter N/A**

Name of hospital:	Hospital telephone number:

Address of hospital: Number and Street City State Zip Code

Mailing address: (if different from above) Number and Street City State Zip Code

Type of pharmacy: ☐ Inpatient ☐ Outpatient (check all that apply) ☐ Exempt (100 beds or fewer)

____Retail
____Home Health Care
____Skilled Nursing Facility

This application is for: ☐ New Pharmacy ☐ Change of Location of an existing pharmacy ☐ Change of Ownership of an existing pharmacy

If change of ownership or change of location, indicate previous name, address and license number

Name:	Address:	License Number:

Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation ☐ Not-for-Profit Corporation ☐ Government

Is the pharmacy located at the primary hospital address? ☐ Yes ☐ No

If No, please provide the address of the hospital:

Other areas of the hospital where drugs are stored: (Check all that apply)

☐ Nursing Station ☐ Satellite pharmacy ☐ Drug/Night Locker ☐ Emergency Room ☐ Other:

Continue on Reverse

For office use only

Staff Review			Cashiering
☐ Articles of Incorp ☐ Partner Agreement ☐ Seller's cert ☐ Dep. Corp Lic	☐ Financial Aff ☐ Domestic Stock ☐ By-laws	Approved _____ Denied _____ Date _____	Cashier # _____ Date _____ Amount of fee _____

Department of Health Services license number:	Number of beds : (exempt hospitals only)

Is the pharmacy operated by the hospital? ☐ Yes ☐ No

If No, please provide the name, address and telephone number of management company:

Name of management company	Address:	Telephone number:	Contact person:

Were you qualified as a Knox-Keene provider before August 1, 1981? ☐ Yes ☐ No

If yes, please provide a copy of your current license from the Department of Corporations (Section 4111(d))

Are the pharmacy premises leased, rented or occupied under any agreement with any person who is licensed in California to prescribe? ☐ Yes ☐ No

Will this pharmacy dispense replacement contact lenses to patients? ☐ Yes ☐ No

By your affirmative answer above, your hospital pharmacy name will be provided to the California Medical Board and you will be in compliance with section 4124 of the California Business and Professions Code.

Anticipated first day of business:

Name of contact person:

Name of pharmacist-in-charge:

Address of pharmacist-in-charge: Number & Street City State Zip Code

Exempt Hospital Only

Do you employ a full-time registered pharmacist? ☐ Yes ☐ No

If yes, provide name of pharmacist:	License number:
If no, provide name of consulting pharmacist:	License number:

Residence address of consulting pharmacist:

Name of Medical Director:	License number:

Residense address: Number & Street City State Zip Code

Name of Administrator:

Residence address: Number & Street City State Zip Code

Continue on next page

PLEASE READ CAREFULLY AND SIGN BELOW

This application must be approved by the California State Board of Pharmacy before a pharmacy permit will be issued. If changes are made during the application process, you may need to submit a new application with the appropriate fees. **Any application not completed within 60 days of receipt may be deemed withdrawn by the Board of Pharmacy. Fees applied to this application are not transferable and are not refundable.**

Any material misrepresentation in the answer of any question is grounds for refusal or subsequent revocation of a license, and is a violation of the Penal Code of California. All items of information requested in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete.

The information will be used to determine qualifications for licensure under California Pharmacy Law. The officer responsible for information maintenance is the executive officer, (916) 445-5014, 400 R Street, Suite 4070, Sacramento, CA 95814-6237. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on him/her by the Board of Pharmacy, unless the records are identified as confidential information and exempted by section 1798.3 of the Civil Code.

Under penalty of perjury, under the laws of the State of California, each person whose signature appears below, certifies and says that: (1) he/she is the owner or an officer of the applicant corporation named in the foregoing application, duly authorized to make this application on its behalf and is at least 18 years of age; (2) he/she has read the foregoing application and knows the contents thereof and that each and all statements therein made are true; (3) no person other than the applicant or applicants has any direct or indirect interest in the applicant(s) business to be conducted under the license(s) for which this application is made; (4) all supplemental statements are true and accurate; and (5) the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Board of Pharmacy.

Inpatient and Outpatient Hospitals (100 beds or more)

Signature of Corporate Officer or Owner	Print Name	Date
Signature of Corporate Officer or Owner	Print Name	Date
Signature of Corporate Officer or Owner	Print Name	Date
Signature of Corporate Officer or Owner	Print Name	Date

Exempt Hospitals Only (100 beds or fewer)

Signature of Administrator	Print Name	Date
Signature of Pharmacist-in-Charge	Print Name	Date